

Adult Day Health Care Nursing (age 21 and over)

Definition: Adult Day Health Care (ADHC) Nursing services are provided in and by the adult day health care center and are limited to the skilled procedures:

- Ostomy care
- Urinary catheter care
- Decubitus/wound care
- Tracheostomy care
- Tube feedings
- Nebulizer Treatment

One unit of Adult Day Health Care Nursing includes any one or combination of the listed skilled procedures provided to a MR/RD Waiver participant during one day's attendance at an Adult Day Health Care Center.

Please see: Scope of Services for Adult Day Health Care Nursing

Service Limits: Adult Day Health Care Nursing and Nursing Services, as defined in the MR/RD Waiver, cannot be received during the same day.

Providers: Adult Day Health Care Nursing is provided by centers/agencies contracted with SCDHHS to provide Adult Day Health Care Services under the MR/RD Waiver. All Adult Day Health Care Nursing services must be provided in the Adult Day Health Care center by a licensed nurse, as ordered by a physician, and within the scope of the South Carolina Nurse Practice Act, or as otherwise provided within State Law. The Nurse Practice Act is available on the following web page: <http://www.scstatehouse.gov/code/t40c033.htm>

Arranging for and Authorizing Services: Adult Day Health Care Nursing services are only appropriate for those MR/RD Waiver participants who require more nursing care than the Adult Day Health Care Center is mandated to provide as Adult Day Health Care Services. In order for Adult Day Health Care Nursing to be authorized, the Service Coordinator must obtain a copy of the Community Long Term Care Adult Day Health Care Form (DHHS Form 122 DC) from the ADHC center.

Upon receipt of DHHS Form 122 DC, the Service Coordinator should update the participant's Support Plan to include the need for the service and update the participant's MR/RD Waiver budget, requesting Adult Day Health Care Nursing (S88). Once approved, the service can be authorized, using the Authorization for Adult Day Health Care Nursing (MR/RD Form A-34). The Adult Day Health Care Nursing provider is responsible for obtaining the direct care physician's orders (DHHS Form 122A).

For participants receiving MR/RD Waiver-funded Residential Habilitation, providers should bill the Financial Manager for services rendered. For all other participants, providers should bill the South Carolina Department of Health and Human Services.

The Authorization for Adult Day Health Care Nursing (MR/RD Form A-34) will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care Center or until services are terminated.

Monitoring Services: The Service Coordinator must monitor the service for effectiveness, usefulness and participant satisfaction. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following guidelines should be followed when monitoring Adult Day Health Care Nursing:

- During the first month of service, monitoring should be conducted while the service is being provided. This means visiting the participant at the ADHC center, but not necessarily at the time ADHC Nursing Services are being rendered.
- Services should be monitored at least once during the second month of service.
- Services should be monitored at least quarterly (i.e. within 3 months of the previous monitoring) thereafter.
- Monitoring should start over as if it is the start of service any time there is a change of provider.
- Monitoring should be conducted on-site at least once annually (i.e. within 365 days of the previous on-site monitoring).
- Except for the initial monitoring, this service may be monitored during a contact with the participant/family or service provider. It may also occur during review of written documentation at the Adult Day Care Center or during an on-site visit.

Some questions to consider during monitoring include:

- ❖ Is the participant satisfied with the Adult Day Health Care Nursing?
- ❖ Is the Adult day Health Care Nursing meeting the participant needs?
- ❖ Are there any additional health/safety issues not being met by Adult Day Health Care Nursing?
- ❖ How often does the participant receive Adult Day Health Care Nursing?
- ❖ What type of care is the participant receiving?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

AUTHORIZATION FOR ADULT DAY HEALTH CARE NURSING

☐ **BILL TO S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES** (include Prior Authorization # below)

☐ **BILL TO FINANCIAL MANAGER:** _____

TO: _____

You are hereby authorized to provide Adult Day Health Care Nursing (X2045) for:

Participant's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Medicaid #: _____

Social Security #: _____

Only the number of units rendered maybe billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # _____

Start Date: _____

Authorized Total: __ Units per week (One unit = any one or combination of the skilled procedures within the scope of services provided during one day's attendance at an ADHC)

Service Coordination Provider: _____ **Service Coordinator Name:** _____

Address: _____

Phone # _____

Signature of Person Authorizing Services

Date